

# **A comprehensive systematic review of factors influencing women's birthing preferences.**

## Reviewers

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## Background

Natural childbirth occurs without medication or obstetric intervention.<sup>1</sup> Vaginal birth may involve any number of medical interventions with the baby ultimately born vaginally.<sup>1</sup> These medical interventions may include surgical or medical induction, oxytocics for augmentation, electronic cardiotocographic monitoring, analgesics for pain relief, episiotomy, and the delivery can be spontaneous (i.e. unassisted) or assisted (i.e. by forceps or vacuum extractor).<sup>1</sup>

Caesarean section involves surgical delivery of the fetus, and rates of this procedure have risen dramatically during the past decade, reaching more than 50% in some countries, despite a lack of evidence of any increase in obstetric emergencies.<sup>2</sup> This trend is of concern as Caesarean deliveries increase the risk of neonatal morbidity and mortality and maternal morbidity, compared with spontaneous vaginal delivery.<sup>2</sup>

Several studies have examined possible reasons for the increasing Caesarean delivery rates. Some authors concluded that maternal request is a significant factor in the rising Caesarean section rates.<sup>3</sup> Key reasons cited for women preferring a Caesarean delivery related to perceptions about safety for both mother and baby, previous negative birth experiences, poor care and perceived inequalities in care.<sup>4</sup> One study identified fear of vaginal birth as the most important reason why some women preferred an elective Caesarean delivery after their first birth.<sup>5</sup>

Despite the high Caesarean delivery rates, many women maintain a strong commitment to vaginal birth.<sup>6</sup> One study identified that few women request a Caesarean delivery in the absence of any current or previous obstetric complications.<sup>7</sup> In an another study women who preferred a vaginal birth after Caesarean (VBAC) revealed that their individual belief that birth was a significant and important event<sup>8</sup>. Participants also reported that attitudes of family and friends and the woman's reflections of the previous Caesarean experience influenced their choice to have a VBAC.<sup>8</sup>

Although many recent studies have examined reasons for women's birth preference for either normal vaginal birth or Caesarean delivery, few studies have investigated factors that influenced women's birth preferences. Some factors found to influence women's preferred type of birth were specific types of information provided by health professionals,<sup>6</sup> and information assessed through public and private discourses of family, friends and acquaintances.<sup>9</sup>

An understanding of factors contributing to the escalating Caesarean delivery rates is important to enable the design and implementation of safe and successful strategies to reduce unnecessary obstetric interventions in childbirth.<sup>7</sup> Understanding factors that influence women's decisions about childbirth may also inform strategies to address misconceptions about childbirth, promote normal vaginal birth, as well as improve the delivery of care provided by health professionals.

This systematic review aims to examine factors that influence women's birthing preferences for normal vaginal birth or Caesarean delivery. A search of the Cochrane Collaboration and Joanna Briggs Institute Library of Systematic Reviews did not reveal any previous systematic reviews on this topic.

## Review Objective

The objective of this systematic review is to identify factors influencing women's birthing preferences.

More specifically, the review question(s) are:

### **Quantitative**

- What factors influence women's preference for a normal vaginal birth?
- What factors influence women's preference for a Caesarean delivery?
- What factors influence women's preference for a vaginal birth after Caesarean (VBAC)?

### **Qualitative**

- What is the meaning of factors influencing childbirth preferences for women?

## Criteria for considering studies for this review

### **Types of Studies**

#### **Quantitative**

This component of the review will consider any randomised controlled trials (RCTs) that examine childbirth preferences by women. In the absence of RCTs other research designs, such as non-RCTs, before and after studies, cross sectional studies such as surveys, and observational studies including cohort studies, case control studies, descriptive studies and case series will be considered for inclusion in a narrative summary.

#### **Qualitative**

This component of the review will consider any interpretive studies that investigate women's child birth preferences within the first postnatal year, including but not limited to, designs such as phenomenology, grounded theory and ethnography. In the absence of research studies, other text such as opinion papers and reports will be considered in a narrative summary.

## **Types of participants**

### **Quantitative**

This component of the review will consider studies that involve women regardless of parity status, age, education, race, culture, ethnicity and living with or without partners, with low-obstetric risk who have given birth at term (37-42 weeks) or are going to give birth in both private and public hospitals. A low-risk pregnancy is one where the fetus is full-term, singleton, and in the vertex position, and the mother has no reported medical risk factors or complications of labor and/or delivery.<sup>10</sup> Studies involving high-risk pregnant women would be excluded as they may potentially conflate preferred type of birth with perceptions of safety.<sup>11</sup> Pregnancy is labeled high risk when adverse maternal or fetal complications occur, placing the woman or the fetus at some measure of medical risk<sup>12</sup>. Events include preterm labor, placenta previa, placenta abruption, dynamic cervix, preterm rupture of membranes, multi-fetal gestation, hypertensive disorders, placenta insufficiency, fetal growth retardation, or other conditions that may compromise the health of the mother or baby.<sup>13</sup>

### **Qualitative**

This component of the review will consider studies that involve women regardless of parity, age, education, race, culture, ethnicity and living with or without partners, with low-obstetric risk who have given birth at term (37-42 weeks) or are going to give birth in both private and public hospitals. A low-risk pregnancy is one where the fetus is full-term, singleton, and in the vertex position, and the mother has no reported medical risk factors or complications of labor and/or delivery.<sup>10</sup> Studies involving high-risk pregnant women, as defined above, would be excluded as they may potentially conflate preferred type of birth with perceptions of safety.<sup>11</sup>

## **Types of Interventions/Phenomena of Interest**

### **Quantitative**

This component of the review will consider studies that investigate factors, which influence birth preferences in terms of mode of delivery. These include any type of vaginal birth (natural, normal unassisted and assisted, that is, forceps or vacuum extraction) and Caesarean deliveries (emergency and elective). Studies investigating VBAC will also be included. Studies which include women who experienced a stillbirth and/or neonatal death would not be considered. Births in hospitals, homes and birthing centres are included. Studies investigating preferences on choice of site of delivery would be excluded.

### **Qualitative**

This component of the review will consider studies that investigate women's experience of birth and factors influencing their birth preferences in terms of mode of delivery such as vaginal: natural, normal unassisted and assisted (forceps or vacuum extraction) births. Women's experience of emergency and elective Caesarean deliveries will be included. Women's experience of VBAC will also be included. Studies which include the experience of mothers following a stillbirth and/or neonatal death will not be considered. Births in hospitals, homes and birthing centres are included. .

## **Types of outcome measures/anticipated outcomes**

### **Quantitative**

This component of the review will consider studies that include the following outcomes:

- Studies indicating women's preference for normal vaginal birth.
- Studies indicating women's preference for Caesarean delivery.

- Studies indicating factors which have impact over women's preference such as previous birth experience, discussions with health care professionals, family members and friends, and information from the media.

### **Qualitative**

This component of the review will consider studies that present women's subjective accounts related to the factors influencing their birth preferences during their antenatal period or the first postpartum year.

## **Search Strategy for identification of studies**

The search strategy aims to find both published and unpublished studies and papers. The search will be limited to English language reports. A three-step search strategy will be utilised in each component of this review. An initial limited search of PubMed and CINAHL Plus with full text will be undertaken followed by an analysis of the text words contained in the title and abstract, and of the index terms used to describe the article. A second search using all identified keywords and index terms will then be undertaken (Appendix I). Thirdly, the reference list of all identified reports and articles will be searched for additional studies.

The databases to be searched include:

- CINAHL Plus with Full Text
- PubMed
- Scopus
- Web of science
- OvidSP
- ScienceDirect
- Mosby's Nursing Consult
- The Cochrane Library

The search strategy will be limited to the following years 1990 to 2009.

Initial Keywords to be used for the three review components will be:

- Childbirth\*
- Vaginal birth\*
- C\*esarean section
- Vaginal birth after c\*esarean
- Women prefer\*
- Women satisf\*
- Normal delivery
- Vaginal delivery
- Caesarean delivery

## **Methods of review**

### **Critical Appraisal**

#### **Quantitative**

Quantitative papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using the standardised critical appraisal instruments from the Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument (JBI-MASARI) (Appendix II, III, IV, V). Any disagreements that arise between the reviewers will be resolved through discussion with a third reviewer.

## **Qualitative**

Qualitative papers selected for retrieval will be assessed by two independent reviewers for methodological validity prior to inclusion in the review using the standardised critical appraisal instruments from the Joanna Briggs Institute Qualitative Assessment and Review Instrument) (Appendix VI). Any disagreements that arise between the reviewers will be resolved through discussion with a third reviewer.

## **Data Extraction**

### **Quantitative**

Quantitative data will be extracted from papers included in the review using standardised data extraction tools from the Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI) (Appendix VII, VIII, IX). The data extracted will include specific details about the interventions, populations, study methods and outcomes of significance to the review question and specific objectives. Any disagreements that arise between the reviewers will be resolved through discussion with a third reviewer.

### **Qualitative**

Qualitative data will be extracted from papers included in the review using standardised data extraction tools from the Joanna Briggs Institute Qualitative Assessment and Review Instrument) (Appendix X). The data extracted will include specific details about the phenomena of interest, populations, study methods and outcomes of significance to the review question and specific objectives. Any disagreements that arise between the reviewers will be resolved through discussion with a third reviewer.

## **Data Synthesis**

### **Quantitative**

Where possible, quantitative research study results will be pooled in statistical meta-analysis using the Joanna Briggs Institute Meta Analysis of Statistics Assessment and Review Instrument (JBI-MAStARI). All results will be double entered. Odds ratio (for categorical data) and weighted mean differences (for continuous data) and their 95% confidence intervals will be calculated for analysis. Heterogeneity will be assessed using the standard Chi-square. Where statistical pooling is not possible the findings will be presented in narrative form.

### **Qualitative**

Where meta-synthesis is possible, qualitative research findings will be pooled using the Qualitative Assessment and Review Instrument (JBI-QARI). This will involve the aggregation or synthesis of findings to generate a set of statements that represent that aggregation, through assembling the findings (Level 1 findings) rated according to their quality, and categorising these findings on the basis of similarity in meaning (Level 2 findings). These categories are then subjected to a meta-synthesis in order to produce a single comprehensive set of synthesised findings (Level 3 findings) that can be used as a basis for evidence-based practice. Where textual pooling is not possible the findings will be presented in narrative form.

## **Conflicts of Interest**

There were no conflicts of interest.

## References

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2. Armson BA. Is planned cesarean childbirth a safe alternative? *Canadian Medical Association Journal* 2007 Feb 13;176(4):475-6.
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7. Gamble JA, Creedy DK. Women's request for a cesarean section: a critique of the literature... including commentary by DeMott RK. *Birth: Issues in Perinatal Care* 2000;27(4):256-65.
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11. Gamble J, Creedy DK, McCourt C, Weaver J, Beake S. A critique of the literature on women's request for cesarean section. *Birth* 2007 Dec;34(4):331-40.
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13. Appel C. Exercise and the woman with a high-risk pregnancy. *International Journal of Childbirth Education* 2001;16(4):38-41.

## Appendix 1: Search Strategy

| Search Databases | Keywords/Search terms   |
|------------------|---|
| PubMed           | <ul style="list-style-type: none"> <li>- “Parturition” [Mesh]</li> <li>- “Parturition” [MeSH major Topic]</li> <li>- “Term Birth” [Mesh]</li> <li>- “Term Birth” [MeSH major Topic]</li> <li>- “Vaginal Birth after Cesarean” [Mesh]</li> <li>- “Vaginal Birth after Cesarean” [MeSH major Topic]</li> <li>- “Live Birth” [Mesh]</li> <li>- “Live Birth” [MeSH major Topic]</li> <li>- “Natural Childbirth” [Mesh]</li> <li>- “Natural Childbirth” [MeSH major Topic]</li> <li>- “Delivery, Obstetric” [Mesh]</li> <li>- “Delivery, Obstetric” [MeSH major Topic]</li> <li>- “Vacuum Extraction, Obstetrical” [Mesh]</li> <li>- “Vacuum Extraction, Obstetrical” [MeSH major Topic]</li> <li>- “Cesarean Section” [Mesh]</li> <li>- “Cesarean Section” [MeSH major Topic]</li> <li>- “Cesarean Section, Repeat” [Mesh]</li> <li>- “Cesarean Section, Repeat” [MeSH major Topic]</li> <li>- “Patient Satisfaction” [Mesh]</li> <li>- “Patient Satisfaction” [MeSH major Topic]</li> <li>- “Consumer Satisfaction” [Mesh]</li> <li>- “Consumer Satisfaction” [MeSH major Topic]</li> <li>- “Access to Information” [Mesh]</li> <li>- “Access to information” [MeSH major Topic]</li> <li>- “Attitude” [Mesh]</li> <li>- “Attitude” [MeSH major Topic]</li> <li>- “Health Knowledge, Attitudes, Practice” [Mesh]</li> <li>- “Health Knowledge, Attitudes, Practice” [MeSH major Topic]</li> <li>- “Attitude to Health” [Mesh]</li> <li>- “Attitude to Health” [MeSH major Topic]</li> <li>- “Decision Making” [Mesh]</li> <li>- “Decision making” [MeSH major Topic]</li> <li>- “Parturition” [Mesh] AND “Patient Satisfaction” [Mesh]</li> <li>- “Parturition” [Majr] AND “Patient Satisfaction” [Majr]</li> <li>- “Parturition” [Mesh] AND “Consumer Satisfaction” [Mesh]</li> <li>- “Parturition” [Majr] AND “Consumer Satisfaction” [Majr]</li> <li>- “Parturition” [Mesh] AND “Patient Satisfaction” [Mesh] AND “Consumer Satisfaction” [MeSH]</li> <li>- “Parturition” [Majr] AND “Patient Satisfaction” [Majr] AND “Consumer Satisfaction” [Majr]</li> <li>- “Parturition” [Mesh] AND “Access to Information” [Mesh]</li> <li>- “Parturition” [Majr] AND “Access to Information” [Majr]</li> <li>- “Parturition” [Mesh] AND “Attitude” [Mesh] AND “Attitude to Health” [Mesh]</li> <li>- “Parturition” [Majr] AND “Attitude” [Majr] AND “Attitude to Health” [Majr]</li> <li>- “Parturition” [Mesh] AND “Health, Knowledge, Attitudes, Practice” [Mesh]</li> <li>- “Parturition” [Majr] AND “Health, Knowledge, Attitudes, Practice ” [Majr]</li> <li>- “Parturition” [Mesh] AND “Decision Making” [Mesh]</li> <li>- “Parturition” [Majr] AND “Decision Making” [Majr]</li> <li>- “Term Birth” [Mesh] AND “Patient Satisfaction” [Mesh]</li> <li>- “Term Birth” [Majr] AND “Patient Satisfaction” [Majr]</li> <li>- “Term Birth” [Mesh] AND “Consumer Satisfaction” [Mesh]</li> <li>- “Term Birth” [Mesh] AND “Access to Information” [Mesh]</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>- “Term Birth” [Mesh] AND “Attitude to Health” [Mesh]</li> <li>- “Term Birth” [Mesh] AND “Health, Knowledge, Attitudes, Practice” [Mesh]</li> <li>- “Term Birth” [Mesh] AND “Decision Making” [Mesh]</li> <li>- “Vaginal Birth after Cesarean” [Mesh] AND “Patient Satisfaction” [Mesh]</li> <li>- “Vaginal Birth after Cesarean” [Mesh] AND “Patient Satisfaction” [Mesh] AND “Consumer Satisfaction” [Mesh]</li> <li>- “Vaginal Birth after Cesarean” [Mesh] AND “Access to Information” [Mesh]</li> <li>- “Vaginal Birth after Cesarean” [Mesh] AND “Health, Knowledge, Attitudes, Practice” [Mesh]</li> <li>- “Vaginal Birth after Cesarean” [Mesh] AND “Attitude to Health” [Mesh]</li> <li>- “Vaginal Birth after Cesarean” [Majr] AND “Attitude to Health” [Majr]</li> <li>- “Vaginal Birth after Cesarean” [Mesh] AND “Decision Making” [Mesh]</li> <li>- “Vaginal Birth after Cesarean” [Majr] AND “Decision Making” [Majr]</li> <li>- (“Cesarean Section” [Mesh] AND “Patient Satisfaction” [Mesh]) AND “Consumer satisfaction” [Mesh]</li> <li>- (“Cesarean Section” [Majr] AND “Patient Satisfaction” [Majr]) AND “Consumer satisfaction” [Majr]</li> <li>- “Cesarean Section” [Mesh] AND “Attitude to Health” [Mesh]</li> <li>- “Cesarean Section” [Majr] AND “Attitude to Health” [Majr]</li> <li>- “Cesarean Section” [Majr] AND “Health, Knowledge, Attitudes, Practice” [Majr]</li> <li>- “Cesarean Section” [Mesh] AND “Decision Making” [Mesh]</li> <li>- “Cesarean Section” [Majr] AND “Decision Making” [Majr]</li> <li>- “Natural Childbirth” [Mesh] AND “Patient Satisfaction” [Mesh]</li> <li>- “Natural Childbirth” [Majr] AND “Health, Knowledge, Attitudes, Practice” [Majr]</li> <li>- “Natural Childbirth” [Mesh] AND “Decision Making” [Mesh]</li> <li>- “Natural Childbirth” [Majr] AND “Decision Making” [Majr]</li> <li>- “Live Birth” [Mesh] AND “Patient Satisfaction” [Mesh]</li> <li>- “Live Birth” [Majr] AND “Health, Knowledge, Attitudes, Practice” [Majr]</li> <li>- “Live Birth” [Mesh] AND “Decision Making” [Mesh]</li> </ul> |
| <p><b>CINAHL Plus with Full Text</b></p> | <ul style="list-style-type: none"> <li>- (MM “Childbirth”)</li> <li>- (MM “Vaginal Birth”)</li> <li>- (MM “Vaginal Birth after Cesarean”)</li> <li>- (MM “Cesarean Section”)</li> <li>- (MM “Cesarean Section, Repeat”)</li> <li>- (MM “Delivery”)</li> <li>- (MM “Childbirth”) AND (prefer*)</li> <li>- (MM “Childbirth”) AND (MM “Patient Satisfaction”)</li> <li>- (MM “Childbirth”) AND (MM “Decision making”)</li> <li>- (MM “Childbirth”) AND (MM “Attitude”)</li> <li>- (MM “Vaginal Birth”) AND (prefer*)</li> <li>- (MM “Vaginal Birth”) AND (MM “Patient Satisfaction”)</li> <li>- (MM “Vaginal Birth”) AND (MM “Decision making”)</li> <li>- (MM “Vaginal Birth”) AND (MM “Attitude”)</li> <li>- (MM “Vaginal Birth after Cesarean”) AND (prefer*)</li> <li>- (MM “Vaginal Birth after Cesarean”) AND (MM “Patient Satisfaction”)</li> <li>- (MM “Vaginal Birth after Cesarean”) AND (MM “Decision making”)</li> <li>- (MM “Vaginal Birth after Cesarean”) AND (MM “Attitude”)</li> <li>- (MM “Cesarean Section”) AND (prefer*)</li> <li>- (MM “Cesarean Section”) AND (MM “Patient Satisfaction”)</li> <li>- (MM “Cesarean Section”) AND (MM “Decision making”)</li> <li>- (MM “Cesarean Section”) AND (MM “Attitude”)</li> <li>- (MM “Cesarean Section, Repeat”) AND (prefer*)</li> <li>- (MM “Cesarean Section, Repeat”) AND (MM “Patient Satisfaction”)</li> <li>- (MM “Cesarean Section, Repeat”) AND (MM “Decision making”)</li> </ul>   |

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|                       | <ul style="list-style-type: none"> <li>- (MM “Cesarean Section, Repeat”) AND (MM “Attitude”)</li> <li>- (MM “Delivery”) AND (prefer*)</li> <li>- (MM “Delivery”) AND (MM “Patient Satisfaction”)</li> <li>- (MM “Delivery”) AND (MM “Decision making”)</li> <li>- (MM “Delivery”) AND (MM “Attitude”)</li> <li>- (MM “Vaginal Birth”) AND (MM “Cesarean Section”)</li> <li>- (MM “Vaginal Birth”) AND (MM “Cesarean Section, Repeat”)</li> </ul>   |
| <b>Scopus</b>         | <ul style="list-style-type: none"> <li>- (birth*) AND (women prefer*)</li> <li>- (birth*) AND (women satisf*)</li> <li>- (birth*) AND (women request)</li> <li>- (birth*) AND (women decision making)</li> <li>- (birth*) AND (women attitude)</li> <li>- (child birth*) AND (women prefer*)</li> <li>- (childbirth*) AND (women satisf*)</li> <li>- (childbirth*) AND (women request)</li> <li>- (childbirth*) AND (women decision making)</li> <li>- (childbirth*) AND (women attitude)</li> <li>- (vaginal birth*) AND (women prefer*)</li> <li>- (vaginal birth*) AND (women satisf*)</li> <li>- (vaginal birth*) AND (women request)</li> <li>- (vaginal birth*) AND (women decision making)</li> <li>- (vaginal birth*) AND (women attitude)</li> <li>- (natural birth*) AND (women prefer*)</li> <li>- (natural birth*) AND (women satisf*)</li> <li>- (natural birth*) AND (women request)</li> <li>- (natural birth*) AND (women decision making)</li> <li>- (natural birth*) AND (women attitude)</li> <li>- (normal birth*) AND (women prefer*)</li> <li>- (normal birth*) AND (women satisf*)</li> <li>- (normal birth*) AND (women request)</li> <li>- (normal birth*) AND (women decision making)</li> <li>- (normal birth*) AND (women attitude)</li> <li>- (c*esarean section) AND (women prefer*)</li> <li>- (c*esarean section) AND (women satisf*)</li> <li>- (c*esarean section) AND (women request)</li> <li>- (c*esarean section) AND (women decision making)</li> <li>- (c*esarean section) AND (women attitude)</li> <li>- (vaginal birth after c*esarean) AND (women prefer*)</li> <li>- (vaginal birth after c*esarean) AND (women satisf*)</li> <li>- (vaginal birth after c*esarean) AND (women request)</li> <li>- (vaginal birth after c*esarean) AND (women decision making)</li> <li>- (vaginal birth after c*esarean) AND (women attitude)</li> <li>- (c*esarean section) AND (vaginal birth*)</li> </ul> |
| <b>Web of Science</b> | <ul style="list-style-type: none"> <li>- (birth*) AND (women prefer*)</li> <li>- (birth*) AND (women satisf*)</li> <li>- (birth*) AND (women request)</li> <li>- (birth*) AND (women decision making)</li> <li>- (birth*) AND (women attitude)</li> <li>- (childbirth*) AND (women prefer*)</li> <li>- (childbirth*) AND (women satisf*)</li> <li>- (childbirth*) AND (women request)</li> <li>- (childbirth*) AND (women decision making)</li> <li>- (childbirth*) AND (women attitude)</li> <li>- (vaginal birth*) AND (women prefer*)</li> <li>- (vaginal birth*) AND (women satisf*)</li> <li>- (vaginal birth*) AND (women request)</li> <li>- (vaginal birth*) AND (women decision making)</li> <li>- (vaginal birth*) AND (women attitude)</li> </ul>   |

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|                      | <ul style="list-style-type: none"> <li>- (natural birth*) AND (women prefer*)</li> <li>- (natural birth*) AND (women satisf*)</li> <li>- (natural birth*) AND (women request)</li> <li>- (natural birth*) AND (women decision making)</li> <li>- (natural birth*) AND (women attitude)</li> <li>- (normal birth*) AND (women prefer*)</li> <li>- (normal birth*) AND (women satisf*)</li> <li>- (normal birth*) AND (women request)</li> <li>- (normal birth*) AND (women decision making)</li> <li>- (normal birth*) AND (women attitude)</li> <li>- (c*esarean section) AND (women prefer*)</li> <li>- (c*esarean section) AND (women satisf*)</li> <li>- (c*esarean section) AND (women request)</li> <li>- (c*esarean section) AND (women decision making)</li> <li>- (c*esarean section) AND (women attitude)</li> <li>- (vaginal birth after c*esarean) AND (women prefer*)</li> <li>- (vaginal birth after c*esarean) AND (women satisf*)</li> <li>- (vaginal birth after c*esarean) AND (women request)</li> <li>- (vaginal birth after c*esarean) AND (women decision making)</li> <li>- (vaginal birth after c*esarean) AND (women attitude)</li> <li>- (vaginal birth*) AND (c*esarean section)</li> <li>- (vaginal birth*) AND (c*esarean section) AND (women prefer*)</li> </ul>  |
| <b>OvidSP</b>        | <ul style="list-style-type: none"> <li>- Childbirth</li> <li>- vaginal birth</li> <li>- (cesarean section OR caesarean section)</li> <li>- (vaginal birth after cesarean section OR vaginal birth after caesarean section)</li> <li>- (vaginal birth AND cesarean section) OR caesarean section)</li> <li>- (childbirth AND women AND preference)</li> <li>- (childbirth AND women AND satisfaction)</li> <li>- (childbirth AND women AND request)</li> <li>- (childbirth AND women AND attitude)</li> <li>- (childbirth AND women AND decision making)</li> <li>- (vaginal birth AND women AND preference)</li> <li>- (vaginal birth AND women AND satisfaction)</li> <li>- (vaginal birth AND women AND request)</li> <li>- (vaginal birth AND women AND attitude)</li> <li>- (vaginal birth AND women AND decision making)</li> <li>- (cesarean section or caesarean section) and women and preference)</li> <li>- (cesarean section or caesarean section) and women and satisfaction)</li> <li>- (cesarean section or caesarean section) and women and request)</li> <li>- (cesarean section or caesarean section) and women and attitude)</li> <li>- (cesarean section or caesarean section) and women and decision making)</li> <li>- (vaginal birth after cesarean or vaginal birth after caesarean) and women and preference)</li> <li>- (vaginal birth after cesarean or vaginal birth after caesarean) and women and satisfaction)</li> <li>- (vaginal birth after cesarean or vaginal birth after caesarean) and women and request)</li> <li>- (vaginal birth after cesarean or vaginal birth after caesarean) and women and attitude)</li> <li>- (vaginal birth after cesarean or vaginal birth after caesarean) and women and decision making)</li> </ul> |
| <b>ScienceDirect</b> | <ul style="list-style-type: none"> <li>- Childbirth*</li> <li>- Vaginal birth*</li> <li>- Normal childbirth*</li> <li>- Vaginal birth after c*esarean</li> <li>- C*esarean section</li> </ul>  |

|                                       |  |
|---------------------------------------|--|
|                                       | <ul style="list-style-type: none"> <li>- Term childbirth*</li> <li>- Live birth*</li> <li>- Deliver*</li> <li>- Childbirth* AND women prefer*</li> <li>- Childbirth* AND women satisf*</li> <li>- Childbirth* AND women request</li> <li>- Childbirth* AND decision making</li> <li>- Childbirth* AND women attitude</li> <li>- Vaginal birth* AND women prefer*</li> <li>- Vaginal birth* AND women satisf*</li> <li>- Vaginal birth* AND women request</li> <li>- Vaginal birth* AND decision making</li> <li>- Vaginal birth* AND women attitude</li> <li>- Normal childbirth* AND women prefer*</li> <li>- Normal childbirth* AND women satisf*</li> <li>- Normal childbirth* AND women request</li> <li>- Normal childbirth* AND decision making</li> <li>- Normal childbirth* AND women attitude</li> <li>- Natural childbirth* AND women prefer*</li> <li>- Natural childbirth* AND women satisf*</li> <li>- Natural childbirth* AND women request</li> <li>- Natural childbirth* AND decision making</li> <li>- Natural childbirth* AND women attitude</li> <li>- Vaginal birth after c*esarean AND women prefer*</li> <li>- Vaginal birth after c*esarean AND women satisf*</li> <li>- Vaginal birth after c*esarean AND women request</li> <li>- Vaginal birth after c*esarean AND decision making</li> <li>- Vaginal birth after c*esarean AND women attitude</li> <li>- C*esarean section AND women prefer*</li> <li>- C*esarean section AND women satisf*</li> <li>- C*esarean section AND women request</li> <li>- C*esarean section AND decision making</li> <li>- C*esarean section AND women attitude</li> <li>- Term childbirth* AND women prefer*</li> <li>- Term childbirth* AND women satisf*</li> <li>- Term childbirth* AND women request</li> <li>- Term childbirth* AND decision making</li> <li>- Term childbirth* AND women attitude</li> <li>- Live birth* AND women prefer*</li> <li>- Live birth* AND women satisf*</li> <li>- Live birth* AND women request</li> <li>- Live birth* AND decision making</li> <li>- Live birth* AND women attitude</li> </ul> |
| <p><b>Mosby's Nursing Consult</b></p> | <ul style="list-style-type: none"> <li>- Childbirth*</li> <li>- Vaginal birth*</li> <li>- Vaginal birth after cesarean</li> <li>- Vaginal birth after caesarean</li> <li>- Cesarean section</li> <li>- Caesarean section</li> <li>- Cesarean section, repeat</li> <li>- Caesarean section, repeat</li> <li>- Childbirth* AND women prefer*</li> <li>- Childbirth* AND women satisf*</li> <li>- Childbirth* AND women request</li> <li>- Childbirth* AND women attitude</li> <li>- Vaginal birth* AND women prefer*</li> <li>- Vaginal birth* AND women satisf*</li> <li>- Vaginal birth* AND women request</li> <li>- Vaginal birth* AND women attitude</li> </ul>   |

|                                    |  |
|------------------------------------|--|
|                                    | <ul style="list-style-type: none"> <li>- Vaginal birth after cesarean AND women prefer*</li> <li>- Vaginal birth after cesarean AND women satisf*</li> <li>- Vaginal birth after cesarean AND women request</li> <li>- Vaginal birth after cesarean AND women attitude</li> <li>- Cesarean section AND women prefer*</li> <li>- Cesarean section AND women satisf*</li> <li>- Cesarean section AND women request</li> <li>- Cesarean section AND women attitude</li> <li>- Caesarean section AND women prefer*</li> <li>- Caesarean section AND women satisf*</li> <li>- Caesarean section AND women request</li> <li>- Caesarean section AND women attitude</li> <li>- Cesarean section, repeat AND women prefer*</li> <li>- Cesarean section, repeat AND women satisf*</li> <li>- Cesarean section, repeat AND women request</li> <li>- Cesarean section, repeat AND women attitude</li> <li>- Caesarean section, repeat AND women prefer*</li> <li>- Caesarean section, repeat AND women satisf*</li> <li>- Caesarean section, repeat AND women request</li> <li>- Caesarean section, repeat AND women attitude</li> <li>- Vaginal birth AND cesarean section</li> <li>- Vaginal birth AND caesarean section</li> </ul> |
| <p><b>The Cochrane Library</b></p> | <ul style="list-style-type: none"> <li>- Natural childbirth[MeSH]</li> <li>- Term birth[MeSH]</li> <li>- Vaginal birth after caesarean[MeSH]</li> <li>- Cesarean section[MeSH]</li> <li>- Cesarean section, repeat[MeSH]</li> <li>- Patient satisfaction[MeSH]</li> <li>- Attitude to health[MeSH]</li> <li>- Natural childbirth[MeSH] AND Patient satisfaction[MeSH]</li> <li>- Natural childbirth[MeSH] AND Attitude to health[MeSH]</li> <li>- Term birth[MeSH] AND Patient satisfaction[MeSH]</li> <li>- Term birth[MeSH] AND Attitude to health[MeSH]</li> <li>- Vaginal birth after caesarean[MeSH] AND Patient satisfaction[MeSH]</li> <li>- Vaginal birth after caesarean[MeSH] AND Attitude to health[MeSH]</li> <li>- Cesarean section[MeSH] AND Patient satisfaction[MeSH]</li> <li>- Cesarean section[MeSH] AND Attitude to health[MeSH]</li> <li>- Cesarean section, repeat[MeSH] AND Patient satisfaction[MeSH]</li> <li>- Cesarean section, repeat[MeSH] AND Attitude to health[MeSH]</li> <li>- Natural childbirth[MeSH] AND Cesarean section[MeSH] AND Patient satisfaction[MeSH]</li> <li>- Natural childbirth[MeSH] AND Cesarean section[MeSH] AND Attitude to health[MeSH]</li> </ul>                  |

## Appendix II: JBI Critical Appraisal Checklist for Randomised and pseudo-randomised studies

Assessment for : MacDonald, B - In J Effectiveness in Health Care (2001)

Type: Primary

User: Craig Lockwood

Design: Randomised Control Trial / Pseudo-randomised Trial

| Criteria   | Yes                   | No                    | Unclear               |
|--|-----------------------|-----------------------|-----------------------|
| 1) Was the assignment to treatment groups truly random?                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Were participants blinded to treatment allocation?                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Was allocation to treatment groups concealed from the allocator?                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) Were the outcomes of people who withdrew described and included in the analysis ? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5) Were those assessing outcomes blind to the treatment allocation?                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6) Were the control and treatment groups comparable at entry?                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7) Were groups treated identically other than for the named interventions?           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8) Were outcomes measured in the same way for all groups?                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9) Were outcomes measured in a reliable way?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10) Was appropriate statistical analysis used?                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Appendix III: JBI Critical Appraisal Checklist for Cohort/Case Control appraisal

| Criteria  | Yes                   | No                    | Unclear               |
|---|-----------------------|-----------------------|-----------------------|
| 1) Is sample representative of patients in the population as a whole?               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Are the patients at a similar point in the course of their condition/illness?    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Has bias been minimised in relation to selection of cases and of controls?       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) Are confounding factors identified and strategies to deal with them stated?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5) Are outcomes assessed using objective criteria?                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6) Was follow up carried out over a sufficient time period?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7) Were the outcomes of people who withdrew described and included in the analysis? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8) Were outcomes measured in a reliable way?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9) Was appropriate statistical analysis used?                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Appendix IV: JBI Critical Appraisal Checklist for Descriptive/Case series studies

| Criteria  | Yes                   | No                    | Unclear               |
|---|-----------------------|-----------------------|-----------------------|
| 1) Was study based on a random or pseudo-random sample?                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Were the criteria for inclusion in the sample clearly defined?                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Were confounding factors identified and strategies to deal with them stated?     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) Were outcomes assessed using objective criteria?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5) If comparisons are being made, was there sufficient descriptions of the groups?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6) Was follow up carried out over a sufficient time period?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7) Were the outcomes of people who withdrew described and included in the analysis? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8) Were outcomes measured in a reliable way?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9) Was appropriate statistical analysis used?                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Appendix V: JBI Critical Appraisal Checklist for Text/Opinion

| Criteria   | Yes                   | No                    | Unclear               |
|--|-----------------------|-----------------------|-----------------------|
| 1) Is the source of the opinion clearly identified?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2) Does the source of the opinion have standing in the field of expertise?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3) Are the interests of patients/clients the central focus of the opinion?                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4) Is the opinion's basis in logic/experience clearly argued?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5) Is the argument developed analytical?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6) Is there reference to the extant literature/evidence and any incongruency with it logically defended? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7) Is the opinion supported by peers?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Appendix VI: JBI Critical Appraisal Checklist for Interpretive & Critical Research

User: Craig Lockwood

|     | Criteria  | Yes                   | No                    | Unclear               |
|-----|---|-----------------------|-----------------------|-----------------------|
| 1)  | There is congruity between the stated philosophical perspective and the research methodology.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2)  | There is congruity between the research methodology and the research question or objectives.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3)  | There is congruity between the research methodology and the methods used to collect data.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4)  | There is congruity between the research methodology and the representation and analysis of data.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5)  | There is congruity between the research methodology and the interpretation of results.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6)  | There is a statement locating the researcher culturally or theoretically.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7)  | The influence of the researcher on the research, and vice-versa, is addressed.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8)  | Participants, and their voices, are adequately represented.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9)  | The research is ethical according to current criteria or, for recent studies, there is evidence of ethical approval by an appropriate body. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10) | Conclusions drawn in the research report do appear to flow from the analysis, or interpretation, of the data.                               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## Appendix VII: JBI Data Extraction Form for Randomised and Pseudo-randomised controlled trials

Extraction Details: Augustin et al - IJNP (2006) - Randomised Control Trial / Pseudo-randomised Trial  
Study Information

|                       |  |  |
|-----------------------|--|--|
| Method                | RCT  |  |
| Setting               | Hospital   |  |
| Participants          | Patients   |  |
| # Participants        | Group A: <input type="text" value="21"/>   | Group B: <input type="text" value="21"/> |
| Interventions         | Interventions A:<br>Music  |  |
|                       | Interventions B:<br>No Music   |  |
| Authors<br>Conclusion | music aids relaxation  |  |
| Reviewers<br>Comments | some participants were adversely effected by listening to music styles they did not like |  |
| Complete              | <input type="text" value="Yes"/>   |  |

## Appendix VIII: JBI Data Extraction Form for Comparative Cohort/Case Control studies

### Extraction Details: Cohort 1 - cohort (2007) - Comparable Cohort / Case Control Studies Study Information

|                    |  |   |
|--------------------|--|---|
| Method             | Cohort   |   |
| Setting            | hospital   |   |
| Participants       | adults   |   |
| # Participants     | Group A: <input type="text" value="123"/>  | Group B: <input type="text" value="321"/> |
| Interventions      | <p>Interventions A:</p> <p>music</p> <p>Interventions B:</p> <p>talk back radio</p>  |   |
| Authors Conclusion | music assists people to relax  |   |
| Reviewers Comments | relaxation demonstrated. Effect of music on other clinical outcomes not established. |   |
| Complete           | <input type="text" value="Yes"/>   |   |

**Appendix IX: JBI Data Extraction Form for descriptive/case series studies**

**Extraction Details: Jordan - JAN (2025) - Descriptive / Case Series Studies**  
**Study Information**

|                    |  |
|--------------------|--|
| Method             | descriptive  |
| Setting            | acute care hospital  |
| Participants       | adults aged 16-65 undergoing orthopedic surgery  |
| # Participants     | 15   |
| Interventions      | Music  |
| Authors Conclusion | music helps people relax when played during the post operative recovery phase  |
| Reviewers Comments | Relaxation demonstrated, however, impact on other clinical outcomes such as pain, nausea and vomiting not established. |
| Complete           | Yes ▾  |

# Appendix X: JBI QARI Data Extraction Form for Interpretive & Critical Research

## Extraction Details: Bousfield C - Journal of Advanced Nursing (1997)

|                        |   |
|------------------------|---|
| Methodology:           | Phenomonology                                       |
| Method:                | Interview   |
| Phenomena of Interest: | Characteristics of good leadership                  |
| Setting:               | Acute Care  |
| Geographical:          | United Kingdom                                      |
| Cultural:              | Anglo Saxon   |
| Participants:          | Nursing staff in senior clinical positions          |
| Data Analysis:         | thematic analysis                                   |
| Authors Conclusion:    | leadership must be proven in practice               |
| Reviewers Comments:    | conclusions appear congruent with textual reporting |
| Complete               | Yes <input type="button" value="v"/>                |